

UNITED STATES DISTRICT COURT
for the
Eastern District of New York

SARAH DIKRANIS,

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Plaintiff(s)

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NASSAU HEALTH CARE CORPORATION
d/b/a NUHEALTH and ELIZABETH FLYNN,

Civil Action No. 2:22-cv-06501-KAM-AYS

Defendant(s)

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SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Nassau Health Care Corporation d/b/a NuHealth
2201 Hempstead Turnpike, East Meadow, NY 11554

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: *Leeds Brown Law P.C.*
One Old Country Road, Suite 347
Carle Place, NY 11514
(516) 873-9550

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/26/2022

BRENNNA B. MAHONEY
CLERK OF COURT

Laura Jakubowski
Signature of Clerk or Deputy Clerk



Civil Action No. 2:22-cv-06501-KAM-AYS

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Eastern District of New York

SARAH DIKRANIS,

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Plaintiff(s)

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NASSAU HEALTH CARE CORPORATION
d/b/a NUHEALTH and ELIZABETH FLYNN,

Civil Action No. 2:22-cv-06501-KAM-AYS

Defendant(s)

)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Elizabeth Flynn
Nassau Health Care Corporation d/b/a NuHealth
2201 Hempstead Turnpike, East Meadow, NY 11554

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